

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

(1) _____
Petitioner in Original Case

(3) Case No. _____

(2) _____
Respondent in Original Case

(4) ATLAS No. _____

ORDER STOPPING ORDER of ASSIGNMENT A.R.S. § 25-504

To the employer(s) or other payor(s) of:

(5) Name: _____ SSN : _____

DO NOT WRITE BELOW THIS LINE. COURT PERSONNEL WILL COMPLETE THE FORM.

This Order stops the Order of Assignment dated _____, with the same case number as in (3) above. The employer(s) or other payor(s) is/are ordered to stop withholding monies pursuant to the Order of Assignment:

- ☐ Immediately or
- ☐ Effective (date) _____ or
- ☐ After you withhold and send \$_____ to the Support Payment Clearinghouse.

The Support Payment Clearinghouse is ordered to release any monies currently in its possession and future monies received: (Check **one** box only)

- ☐ To the **obligee** in total
- ☐ To the **obligee** in the amount of \$_____ and the remainder and any future payments to the obligor .
- ☐ To the **obligor** in total
- ☐ Other:

Dated: _____

Judicial Officer or Clerk of the Superior Court